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ABSTRACT

This paper examines the delivery of social and human services to school-aged children and their families through some form of coordination with the local school. A questionnaire was completed by representatives of 55 state agencies in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. Respondents reported that their agencies provided 88 services for school-aged children and their families, of which 56 were provided through schools, at least occasionally. The services most likely to be provided through schools were education related (dropout prevention and special education), alcohol and drug prevention, and pregnancy prevention or counseling. Other types of school-linked services were child care, child welfare, family support, family welfare, child health, mental health, juvenile justice, and youth employment. Respondents from all agencies agreed that the most critical needs of children and their families are comprehensive affordable health care, social services that promote family self-sufficiency, and flexible school environments that provide for students' educational needs in scheduling and curriculum. Respondents also agreed that agencies needed to overcome obstacles to service delivery by creating effective communication and coordination structures; developing strategies to ensure adequate funding; and improving public attitudes, awareness, and acceptance of school-linked service delivery. Implications for public policy are discussed. The survey data are presented in 8 tables. Appendices contain the survey questionnaire and a list of coordinated services in the region. (SV)

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School-Linked Services for At-Risk Youth and Their Families: Trends in State Agencies

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November 1990

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Introduction

As an outcome of its recent effort to monitor trends and critical issues facing educators in the region, the Southwest Educational Development Laboratory (SEDL) conducted a study of state agencies that "link" with schools. The focus of the study was on the delivery of social and human services to school-aged children and their families in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas, in order to gather information about the issues related to delivering services with or through schools. This paper reports the findings of this study.

For the purpose of this questionnaire, *school-linked services* were defined as services that meet basic needs of school-aged children and youth, and their families (e.g., health, child care, food/nutrition, family counseling, juvenile justice). Such services might include *school health/wellness clinics, day care services, or literacy training*. They may be delivered at the school building, at a site near the school building, or at another agency, but the delivery is coordinated in some way with the local school.

Further, the term *school-aged children* was defined as children and youth whose ages range from kindergarten entry age to graduation age, i.e., from 5 to 22 years old.

During the spring of 1990, SEDL surveyed programs for school-aged children and their families provided by the state departments of Education, Health, Human Services, Juvenile Justice, as well as other agencies in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. As identified in the questionnaire, the study focused on the following services (see Appendix A):

1. Teen pregnancy prevention and/or counseling;
2. Alcohol/drug prevention and/or treatment;
3. Childcare;
4. Child welfare, such as adoption and foster care, abuse and neglect;
5. Education such as dropout prevention or special education;
6. Family support such as literacy programs and adult job placement;
7. Family welfare such as medical insurance and AFDC;
8. Children's health and/or mental health (pediatric or prenatal);
9. Housing such as low income housing and emergency shelter;
10. Juvenile justice such as delinquency prevention, detention, probation and/or parole;
11. Youth employment such as job training and/or placement; and
12. Intermediary role such as network or referral services.

The questionnaire was administered with the cooperation of the agency head, e.g., commissioner or secretary, of each of the state agencies. In accordance with their suggestions, packets of ten questionnaires were mailed to each of them for distribution among directors of programs and services for school-aged children and their families.

The questionnaire consisted of one set of general questions about providing services to children and their families and a set of questions about specific services currently provided through schools. The latter set of questions was repeated on a separate page, which respondents were instructed to copy for each of the services their agency provided to school-aged children and their families.

The general questions focused on the most critical needs of school-aged children and their families today, in 5 and 10 years, and the obstacles to providing these critical services through schools. The questions specifically about services provided through school focused on (a) the delivery mechanisms used, (b) the length of time the service has been delivered through schools, (c) the obstacles encountered during implementation, (d) the steps or strategies used to overcome these obstacles, (e) the perceived effectiveness of the service, and (f) the enabling arrangements that support the coordination of services delivered through schools.

Finally, respondents were asked to list specific programs, other than their own, that currently provide services for children and their families through schools. These programs are listed in Appendix B.

While the scope of this study was limited to a small number of state-level program staff, the results show some trends in the provision of services for children and their families among state agencies in the Southwest region. These trends include:

- Certain services have been provided through schools continuously for more than three years.
- Such services show some evidence of success.
- The most critical needs of children and families are for :

  •health care that is affordable and appropriate,

  •social services that promote family self-sufficiency,

  •schools that have flexible structures and are student centered.
- The creation of structures for interagency coordination and communication.
- The development of strategies to ensure adequate funding.
- The improvement of public attitudes, awareness, and acceptance of school-linked service delivery.

This study is an initial effort to examine the ways in which agencies mitigate the complex and interrelated conditions in which at-risk children and their families find themselves. Further research is needed to better examine the interorganizational arrangements that support coordinated service delivery and explore the ways in which state and local jurisdictions work together. Such research will require the development of indices of effectiveness to evaluate the effectiveness of these arrangements.

Results

Fifty-five state agency program staff members completed the questionnaire, including 18 program directors, 11 coordinators, 5 program supervisors, 2 assistant program directors, and 14 other program staff.

Table 1
Respondents by State and Agency

Agency/State	AR	LA	NM	OK	TX	TOTAL
Education	7	2	3	8		20
Health	1	2	2			5
Human Services	3	2		3	2	10
Juvenile Justice	1	2	7	1	6	17
Other		1			2	3
TOTAL	12	9	12	12	10	55

Table 1 shows that the states were represented fairly equally with 12 questionnaires returned from Arkansas, New Mexico, and Oklahoma; 10 from Texas; and 9 from Louisiana. The small numbers of respondents in each state prevented further analyses of the services provided for school-aged children and their families by state. Nevertheless, it was clear that the majority of the respondents represented 2 agencies of the 5 surveyed in each state—20 of the respondents represented education agencies and 17 represented juvenile justice agencies. The other agencies were less well represented with 10 of the respondents representing human service agencies, 5 representing health agencies, and 3 representing other agencies.

Respondents reported that their programs provide a total of 88 services for school-aged children and their families. Among these 88 services, the ones provided most often across agencies were juvenile justice, education-related (i.e., special education or dropout prevention), and teen pregnancy prevention or counseling. As illustrated in Table 2 the greatest number of services are provided by juvenile justice and education agencies. Accordingly, the former offer most of the juvenile justice services and the latter offer most of the education

Table 2

Services provided to at-risk children and their families by state agencies

Services/Agency	Educ	Health	HServs	JuvJus	Other	Total	%
Teen Pregnancy	3	4	2	1		10	11%
Alcohol & Drug Prevention	3	1		3	1	8	9%
Child Care	3	1	2	2		8	9%
Child Welfare	1		2			3	3%
Education (dropout, sp ed)	9	1		4	1	15	17%
Family Support	2		1			3	3%
Family Welfare	1		3			4	5%
Child Health/Mental Health	1	2	3	1	1	8	9%
Housing	1					1	1%
Juvenile Justice			2	14		16	18%
Youth Employment	2	1	1	3		7	8%
Intermediary Role	1	2	2			5	6%
TOTAL	27	12	18	28	3	88	
%	31%	14%	20%	32%	3%		

services. Education agencies provide the greatest range services, including the only housing service reported. Human services and juvenile justice agencies also provide a considerable range of services while health agencies provide primarily health related services.

Staff from human services and health agencies numbered least among the respondents. Relative to their small numbers, however, they reported provision of the greatest number of services—18 of the services (20%) were provided by former, and 12 services (14%) were provided by the latter.

Approximately two-thirds of these 88 services were provided through schools, or were "school-linked." Table 3 shows that 56 services are provided through schools, at least occasionally. The service most likely to be provided through schools, at least occasionally,

Table 3

Services provided to at-risk children and their families with or through schools

Services/School-Linkage	Primarily	Over Half	Occasionally	Total	%
Teen Pregnancy	5		3	8	14%
Alcohol & Drug Prevention	3	1	4	8	14%
Child Care	1	1	4	6	11%
Child Welfare			1	1	2%
Education (dropout, sp.ed)	8		2	10	18%
Family Support	2		1	3	5%
Family Welfare			1	1	2%
Child Health/Mental Health	1		4	5	9%
Juvenile Justice			6	6	11%
Youth Employment	3		1	4	7%
Intermediary Role		1	3	4	7%
TOTAL	23	3	30	56	
%	41%	5%	54%		

is alcohol and drug abuse prevention. Pregnancy prevention or counseling services are also highly likely to be provided through schools, if only occasionally, as are child care services, and intermediary role services.

Of the two types of services most commonly provided for children and their families as shown in Table 2, education services are the only services that tend to be primarily provided through schools, while juvenile justice services are occasionally provided through schools. The relationship between juvenile justice and education services is interesting because juvenile justice agencies, unlike the other agencies included in this study, do have their own education systems for school-aged children in detention centers. Further, punitive juvenile justice services are ordered and regulated by the courts, thereby limiting the range and the number of juvenile justice services that may be delivered to school-aged children through schools.

Table 4

Length of time services have been provided through schools and perceived level of effectiveness

Services/Time &Effect	< 1 yr	1-3 yrs	>3 yrs	Better	Same	Worse
Teen Pregnancy		4	4	4	4	
Alcohol & Drug Prevention	1	4	3	3	3	2
Child Care		2	4	2	4	
Child Welfare			1		1	
Education		4	6	6	3	
Family Support	1	2		1	2	
Family Welfare	1			1		
Child Health/Mental Health		3	3	3	1	2
Housing						
Juvenile Justice	1	1	5	1	5	1
Youth Employment		2	2	1		2
Intermediary Role		3	1	3	1	
TOTAL	4	25	29	25	24	7
%	7%	45%	52%	45%	43%	13%

The vast majority of the services provided through schools have been in place for at least 1 to 3 years. Shown in Table 4, of those 56 services provided through schools at least occasionally, 52 percent have been provided more than 3 years, and 45 percent were provided between 1 and 3 years. Only 7 percent have been provided through schools less than 1 year. Also shown in Table 4, according to the agency staff responding to this questionnaire, services provided through schools are equally effective (43%) or more effective (45%) when compared to other ways of providing the service.

Most of the 56 services provided through schools are delivered by direct service (74%), as shown in Table 5. Other mechanisms frequently used by state agencies to provide services through schools are formal agreements with government and nongovernment agencies (58%), coordination of interagency delivery (53%), in-kind support of government and nongovernment agencies (51%), and provision of referrals (47%). Funding of local government or nongovernment agencies was used in only 28 percent of the services provided through schools.

Shown in Table 6, the most commonly perceived obstacles to provide services through schools are inadequate coordination (54%), inadequate funds (51%), and the perception that

Table 5

Mechanisms that facilitate delivery of services with and through schools by agency

Mechanisms/Agency	Educ	Health	HServ's	JuvJus	Other	Total	%
Direct service	17	8	4	13		42	74%
Formal agreement with other gov agencies	9	1	6	2	2	20	35%
Formal agreement with nongov agencies	5	7	1			13	23%
Funding of local gov agencies	8	1	2			11	19%
Funding of local nongov agencies	3	1	1			5	9%
In-kind support of local gov agencies	10	2	1		1	14	25%
In-kind support of local nongov agencies	6	8	1			15	26%
Coordination of interagency service delivery	15	2	6	5	2	30	53%
Provision of referrals	8	6	6	5	2	27	47%
Other:	2					2	4%
Publications							
Disseminate information, provide inservice training							

the role of schools is to provide instruction, not non-educational services (42%). Other obstacles cited are insufficient qualified personnel (35%), limited availability of the programs (33%), and insufficient information or awareness on the part of the client population (32%). Reluctance of the client population to seek services (25%), insufficient agency expertise (16%), state or federal regulations (12%), inadequate agency policy (14%) and accounting procedures (5%) were the obstacles cited least often.

The ways respondents used to overcome the obstacles to providing services through schools are shown in Figure 1. The predominant methods include steps to improve communication among agencies and programs, and to promote networking and coordination among services.

Among the arrangements that enable the coordinated delivery through schools as shown in Table 7, participation on state level task forces or commissions was most common (58%). While most services that are linked with local schools are provided via direct service mechanisms as shown in Table 5, the respondents apparently support such linkages by participating on state-level task forces or blue-ribbon commissions.

Table 6

Perceived obstacles to the delivery of services for at-risk children and families with and through schools

Obstacles/Agency	Educ	Health	HServs	JuvJus	Other	Total	%
Inadequate coordination/ communication	12	3	6	8	2	31	54%
Inadequate funds	14	3	6	4	2	29	51%
Insufficient qualified personnel	7	7	2	2	2	20	35%
Insufficient client population awareness	4	6	5	1	2	18	32%
Limited availability/ access to services	7	1	5	4	2	19	33%
Insufficient agency expertise	4	1	1	3		9	16%
State or federal regulations	5	1		1		7	12%
Inadequate or unclear agency policy	3	1	1	1	2	8	14%
Reluctance of families to seek services	5		4	3	2	14	25%
Role of schools is education	8	7	4	3	2	24	42%
Accounting procedures	1	1	1			3	5%
Other:	1		1			2	4%
School-linked services hinder family involvement							
Complexity of the problems faced by this							

In general, informal coordination arrangements were more common than formal arrangements, and agreements with other state agencies were more common that agreements with local agencies. Legislative mandates were among the least common arrangements, surpassing only those services provided through schools but not in coordination with other agencies. As shown in Table 5, the majority of the services provided through schools use direct service mechanisms, which may mean that some of them do not require coordination with school personnel other than allocation of space and time.

Steps Taken to Overcome Obstacles to Providing Services Through Schools

Steps to improve inter- and intra-agency communication (18 responses):

- Publish interagency directory.
- Develop and distribute dropout prevention manual.
- Speak to other groups and agencies, and conduct public relations work with schools; for example, about the severity of teen pregnancy in the state and lack of sex education in schools.
- Encourage more interagency coordination at the community level; for example, by working directly with local district and agency staff and urging them to focus on the needs of children and their families.
- Share information about cooperative programs and the laws and regulations with which agencies must comply.
- Participate on committees or task forces to work out coordination problems and make an effort to tailor agency services to local needs.

Steps to promote networking and coordination among services (15 responses):

- Exchange services and develop interagency agreements to coordinate service; for example, to provide conveniently located family planning services, or to prevent alcohol and drug abuse.
- Assign staff to schools; for example, to serve as liaison with service providers, provide peer counselors through the schools, or refer students to appropriate programs.
- Train parents/families as allies in the service delivery process.
- Create grant programs emphasizing interagency coordination.

Steps to recruit additional staff and implement staff development (9 responses):

- Provide in-service training to teachers and other local district staff in working with at-risk students and provide more resource personnel.
- Train other service providers; for example, to provide dropout prevention seminars to local districts.
- Raise salaries to recruit more qualified personnel.

Steps to increase public awareness of services provided through schools (9 responses):

- Develop more effective strategies to inform public of the availability of services, their rights and the importance of family involvement; for example, by having open houses at clinics and participating at health fairs, or through local campaigns to recruit clients as well as volunteer tutors.
- Pilot new ideas and programs to demonstrate success.
- Work to elect school board members with an awareness of the "investment" that schools have in mental, physical, and social development.

Steps to increase funding and implement legislation to support services provided through schools (6 responses):

- Secure funding or ask for expanded funding; for example, by participating in the nationwide efforts to obtain appropriation for the funds authorized in HR24.
- Reduce or ease regulations to support service delivery; for example, allowing vocational division to use federal funds in combination with state budget line items to fund teachers and curriculum materials.

Figure 1

Table 7

Arrangements that have enabled delivery of services with or through schools

Services	Educ	Health	HServs	JuvJus	Other	Total	%
Legislative Mandate	9		2	2	2	15	26%
State-level task forces/ commissions	16	1	10	4	2	33	58%
Formal agreements with other state agencies	10		10	1	2	23	40%
Formal agreements with local gov agencies	1	2	6			9	16%
Formal agreements with local nongov agencies	2	6	5	1		14	25%
Formal referral network	2		10	3	2	17	30%
Informal agreements with other state agencies	15	1	7	1	2	26	46%
Informal agreements with local gov agencies	10	9	6	3		28	49%
Informal agreements with local nongov agencies	12	1	5	3		21	37%
Informal referral network	8	1	3	7	1	20	35%
Do not coordinate with other providers		1	2	7		10	18%

Figure 2 summarizes respondents' perceptions of the three most critical needs of school-aged children and their families today, in 5 years, and in 10 years. Today's three most critical needs of school-aged children and their families are (a) comprehensive health and social services, (b) flexible schools and enhanced curricula, and (c) more active community involvement in education. Looking toward the most critical needs in five and ten years, respondents project that they will not differ much from today's most critical needs because, as one of them wrote, "...there are no adequate remedies on the horizon" to address the complex economic and social problems experienced by at-risk children and their families, nor to overcome the difficulties of developing interorganizational cooperation and collaboration.

Among the most common obstacles listed in Table 8 that need to be overcome by agencies in providing services through schools in the next 5 to 10 years are inadequate funding of such services (82%), and inadequate coordination or communication among agencies (76%). Other obstacles include the perception that the role of schools is to educate, not to provide non-educational services (55%), that agencies have insufficient qualified personnel and the availability of services is limited (53%), and that the client population is both insufficiently

Most Critical Needs of School-Aged Children and Their Families Today, in 5 Years, and in 10 Years

Critical Need	Now	In 5 yrs	In 10 yrs
The Need for Community Services:	**63**	**55**	**46**
• Comprehensive, age-appropriate, affordable health care and education; more on-site health promotion activities, specifically in substance abuse education, prevention, and treatment	22	24	16
• Intervention options that promote family self-sufficiency, i.e., stable homes and support family life, adequate housing, and programs to help parents to become active participants in service delivery	19	15	18
• Free or economical culturally appropriate social and mental health counseling, treatment and protection, especially early child abuse detection and prevention, mediation/conflict resolution	12	6	7
• Early education, day care and after school care activities that promote social growth and positive group affiliations	10	8	4
• Safety and prevention of violence on campus		2	1
More flexible schools with enhanced curriculum, early at-risk identification, and increased dropout prevention:	**54**	**56**	**48**
• Alternative schools with flexible schedules and greater variety in courses and programs, up-to-date curricula and adult or continuing education	16	15	15
• Programs that provide motivation to finish education, including education and career planning	16	11	7
• Training for independent living, including sex education (K-12), family planning, and parenting skills	11	14	8
• Basic skills, higher-order and critical thinking, computer and technology skills, vocational and technical education that meets local economic environment	10	14	14
• Other: Adequate and sufficient funding for quality education programs, increased communication and professional development	1	2	4
Need to Build Community Involvement in Education: Parent Involvement, Public Awareness, Interagency Cooperation:	**20**	**18**	**23**
• Child and family need to be involved in setting goals specifically to support math, science, and social development	10	5	6
• Information sharing to increase awareness of current issues, specifically with parents and boards of education, voters and legislators	4	3	6
• School should be accessible to whole community	4	1	1
• Deliberate aggressive interagency coordination to integrate service delivery to meet needs	2	3	5
• Other: Adequate funding; private sector involvement; for example, in promoting positive TV programming		6	5
Employment and Economic Security:	**10**	**8**	**7**
• Low income families need good jobs and minority youths need jobs upon completion of educational training or retraining;	9	6	6
• Job training placement and child care to allow ease of working and keeping a job; funding for supported employment	1	2	1
Other:	**3**	**2**	**5**
• Problems related to implementing quick solutions rather than focusing on long range needs	1		
• Problems related to poverty and rural isolation	1	1	
• Lack of knowledge or motivation to provide transitioning	1		
• Problems emerging from increasing distance between socioeconomic groups		1	4

Figure 2

aware of the services that are available and reluctant to seek services (51%). The respondents, all state-level employees, projected that agency policies, regulation, expertise, or procedures would not constitute critical obstacles to delivering school-linked services in the coming decade.

Table 8
Most critical obstacles to providing services with or through schools over the next five to ten years

Critical Needs	Frequency	%
Inadequate coordination/communication	42	76%
Inadequate funds	45	82%
Insufficient qualified personnel	29	53%
Insufficient client awareness	28	51%
Limited services availability	29	53%
Insufficient agency expertise	10	18%
State or federal regulations	18	33%
Inadequate or unclear agency policy	21	38%
Reluctance of families to seek services	28	51%
Role of school is to educate	30	55%
Accounting procedures	2	4%
Other: Unwillingness to change	1	2%

Conclusion

Overall, the perceptions reflected on SEDL's questionnaire about school-linked services show that certain services have been successfully provided through schools for some time, and that more such services are needed. While the small and clearly stratified sample of respondents means that the results must be interpreted with caution, it appears that, with the assistance of the agency heads, the appropriate respondents within each agency participated in this study because the majority of the services they reported are linked with schools.

One concern about the predominance of responding staff members from two out of the five agencies is that the results will be skewed by their interests. In this case, however, respondents from all agencies agreed that the most critical needs of children and their families are (a) comprehensive, affordable, and appropriate health care, (b) social services that promote family self-sufficiency, and (c) flexible school environments that provide for students' educational needs in scheduling and curriculum. Respondents wrote they wanted to see schools that "...provide [students] motivation to finish their education with hope for the future and the knowledge that what they learn will be useful."

Respondents also agreed on the current and projected needs of state agencies in developing coordinated service delivery for children and their families. The most critical needs are (a) the creation of communication and coordination structures, (b) the development of strategies to ensure adequate funding, and (c) the improvement of public attitudes, awareness, and acceptance of school-linked service delivery.

Communication and Coordination. The first recurring theme throughout the data is the lack of coordination and communication among state agencies. The absence of effective communication and coordination was perceived most frequently as an obstacle in the development of current school-linked services. The most common steps taken by respondents in overcoming obstacles were to improve communication, and to promote networking and coordination of services, in part by serving on interagency task forces and commissions. In projecting obstacles to overcome in developing school-linked services over the next 5 to 10 years, the lack of communication and coordination was the second most critical need cited.

Funding. Inadequate funding was another recurring response. It was perceived as the second greatest obstacle during the development of current school-linked services, and was the most commonly cited critical need of programs that will provide such services in the next 5 to 10 years. Six respondents indicated they had been able to take steps to secure additional funding or ease regulations in order to overcome fiscal impediments to the provision of school-linked services.

Public awareness. The last recurring response was that public awareness of school-linked services must be improved to gain widespread acceptance. Families' reluctance to seek services, and the perception that the role of schools is limited to providing education services were often cited as obstacles to developing school-linked service provision. While nine respondents reported taking steps to overcome this type of obstacle by improving public awareness, the majority of respondents indicated the need to overcome such family reluctance and perceived limitations for the role of schools in order to develop school-linked services over the next 5 to 10 years.

Recommendations for further research. The results of this study show some trends among the state agencies' efforts to mitigate the complex and interrelated problems experienced by at-risk children and families via school-linked provision of coordinated services. To date, however, the efficacy of school-linked and coordinated service provision has not been sufficiently evaluated (Plascencia, 1990). This study needs to be followed by (a) the development of indices of effectiveness for coordinated services; (b) closer examination of state and local interorganizational arrangements enabling coordination of services, including studies of school-linked service provision by agencies in city or county jurisdictions; and (c) evaluations of the effectiveness of such programs.

Implications for policy and practice. The policy and practice implications emerging from the results of this study are similar to those described by Plascencia (1990), Schorr (1989), and Levitan, Mangum and Pines (1989) and are supported by information obtained in SEDL's recent efforts to identify coordinated service delivery efforts in the Southwest Region (Pollard 1990 May & August; Pollard & Rood, 1990): Policymakers, educators, and agency professionals will need to change the way education and human services agencies do business to counteract the effects of fragmentation, inflexibility, and underservice.

The challenge for state and local policymakers is to create a policy environment that will help existing initiatives to expand and ensure that such broad-based programs are developed, sustained, and integrated into the system. The characteristics of successful linkage programs as described by Plascencia and others, in conjunction with the most critical needs of at-risk children and their families, make it imperative that state and local policymakers address the following policy concerns in order to reduce obstacles to school-linked service provision:

1. Ensuring comprehensive service delivery to children and families

   - Create coalitions of community members and service agencies to coordinate service delivery.
   - Develop multiple policy strategies to address the interrelated problems of families.
   - Waive regulations to enable service providers to be able to mobilize the resources needed to serve a child or its family.

Policymakers can create the mechanisms that "enable the front-line worker" to respond effectively, for instance, by promoting coalitions consisting of heads of service agencies, school principals, and interested community members to assess their needs and coordinate service delivery. This approach is exemplified by the Oklahoma Country Coalition. The members of the Coalition, representing education, social services, juvenile justice, mental health, medicine, and law enforcement, meet once a month to generate strategies for addressing these interrelated needs. The Coalition has sponsored legislation affecting school truancy laws, the sharing of confidential information among service providers, the development of family support centers, the formation of a youth advisory council, and the establishment of a referral center for students identified as truant during school hours.

2. Developing alternative funding strategies

   - Create strategies that are not categorical.
   - Create structures to use existing state and federal monies, e.g., Medicaid, AFDC, JTPA.
   - Promote cost-sharing among participants of linkage programs, e.g., "reposition" staff from one agency to another or to the school.
   - Promote funding arrangements with members of the private sector.

One alternative funding strategy, exemplified by the Cities in Schools (CIS) model, is to establish a special cooperative arrangement in which staff members from existing human service agencies or volunteer organizations are "repositioned" at schools or alternative education sites. This strategy avoids the need for a major infusion of new money, drawing together existing resources and professionals so that participating students can have access to them at a single site. This comprehensive approach has been used successfully for the Burger King Academy in San Antonio, the Foley's Academy in Houston, and in Texas' Communities in Schools projects across the state to provide at-risk students with alternative

educational environments where teachers, professional social service staff, and volunteers work together.

3. Providing family support

   - Develop policies that are aimed at helping more than one generation in families.
   - Develop policies that help children and family members' transition from receiving support to being self-sufficient.
   - Promote policies and service delivery strategies that treat children and families as partners, e.g., taking lessons from the special education arena in using individualized family service plans.

In orienting services to improve the self- sufficiency of families who are challenged by poverty, programs such as the Early Childhood and Family Education Program (ECFEP) are designed to empower them to set their own agendas for their lives and their communities. Working in the economically depressed South Broadway community of Albuquerque, ECFEP engages parents in its preschool classrooms, in home visits with other parents, and on its Parent Advisory Board to develop parent education forums, set policy for the preschools, and monitor the ECFEP.

4. Ensuring that programs are staffed with qualified personnel

   - Develop regulations that guarantee standards of quality in teacher/service provider preservice training and qualifications.
   - Promote staff development opportunities for current teachers/service providers to learn techniques such as case management.

One method is to use trained professionals and validated procedures from other cooperating agencies; for example, by using "mixed staffing"—where professionals from a health or mental health agency would regularly deliver services at a school or community agency. New Futures of Little Rock, Arkansas strives to provide students and their families with tailored services by employing trained case managers or medical staff who work in the schools with teachers to provide or broker services.

Another approach to developing the pool of available trained personnel in programs designed to support and serve children is to engage parents as paraprofessionals. The Home Instruction Program for Preschool Youth (HIPPY) is an example. Operating across the state of Arkansas and in New Orleans, HIPPY employs parent paraprofessionals to help mothers prepare their 4-5-year-old children for school. The paraprofessionals, who are former HIPPY participants, work with the mothers in weekly meetings to help them develop their skills in reading and other areas so that they can teach their children.

5. Providing leadership in developing a broad base of local support

   - Support coalitions of parents, community residents, corporations, and foundations to plan, implement, advise, and evaluate their own linkage programs.

   - Promote the development or adaptation of better ways of demonstrating outcome-based results of linkage programs.

Launched by the National Collaboration for Youth's (NCY) "Making the Grade" campaign, the Junior League of the Temple/Belton area in central Texas is striving to establish community-wide involvement and support. Since fall 1989, the League has sponsored a series of town meetings designed to focus on the conditions and problems of at-risk students in the Temple/Belton area, generate strategies to address these problems, and develop a unified plan of action.

6. Providing leadership in interagency collaborations

   - Establish state-level coalitions of agencies, teachers, parents, students, private sector, and foundations to plan and evaluate strategic policy approaches that will provide a supportive framework for local efforts.

   - Establish information systems for sharing information and data for planning.

The CornerStone Project in Little Rock is based on the belief that the key to solving the problems of youth and families at-risk is the participation of the entire community. CornerStone develops neighborhood centers where parents, youth, and professionals meet to plan and work together in a variety of programs, including parenting skills, child care, drug and alcohol prevention and treatment, skills training, personal growth and educational enrichment workshops, and preventive health and referral services.

If schools are to link with health, human service, and other community agencies in delivering services, state and local policymakers need to create a policy context in which successful linkage programs may exist. Such a context must provide an environment capable of supporting local conditions to ensure that services are linked as needed. Two means for encouraging interagency collaboration are *intervention*—legislation or regulations—and *incentives*—funding grant programs, granting waivers from regulations, or allowing local site-based decision making.

State agencies need to provide flexibility, starting at the top, to promote coordination of services at the local level. Right now there is redundancy among agencies, caused in part by ignorance of each other's systems, regulations, resources, and language. Consequently turfism is widespread. However, agencies do share similarities—the greatest of which is the children they serve. In recognition that meeting childrens' needs is the top priority, state policymakers and practitioners in all five states of the region are sponsoring legislation, convening task forces, and creating partnerships to change the way service delivery systems work so that schools can educate and all children can learn.

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Appendix A

State Agency Survey
School-Linked Services for At-Risk Youth and Their Families

Southwest Educational Development Laboratory

The Southwest Educational Development Laboratory (SEDL) is conducting a survey of state agencies that "link" with schools to deliver social services to school-aged children and their families in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. We need your help in giving us your informed opinion about the issues related to such service delivery with or through schools.

For the questions in this questionnaire, **school-linked services** are services that meet basic needs (e.g., health, childcare, food/nutrition, family counseling, juvenile justice). Such services might include **school health/wellness clinics, day care services,** or **literacy training**. They may be delivered at the school building, at a site near the school building, or at another agency, but the **delivery must be coordinated** in some way with the local school.

School-aged children are those whose ages range from kindergarten entry age to graduation age, i.e., from five to 22 years old.

Please return the questionnaire to us by April 23, 1990. Enclosed is a postage-paid, self-addressed envelope for your convenience. If you have any questions as you complete this survey, please contact Joyce Pollard at SEDL, 211 E. 7th Street, Austin, Texas, 78701, 512/476-6861.

We greatly appreciate your help on this important study.

***My program** provides the following services to at-risk children and their families:*
(Check all that apply.)

- ☐ Teen pregnancy prevention and/or counseling
- ☐ Alcohol/drug prevention and/or treatment
- ☐ Childcare
- ☐ Child welfare, such as adoption and foster care; abuse and neglect
- ☐ Education, such as dropout prevention or special education
- ☐ Family support, such as literacy programs and adult job placement
- ☐ Family welfare, such as medical insurance and AFDC
- ☐ Children's health/mental health (pediatric or prenatal)
- ☐ Housing, such as low income housing and emergency shelter
- ☐ Juvenile justice, such as delinquency prevention, detention, probation/parole
- ☐ Youth employment, such as job training/placement
- ☐ Intermediary role, such as network or referral services

Service:

Please write the name of the first service you checked on page 1 in the block above. If you checked more than one service, use the questionnaire, "Additional Services," to make a copy for each service that you provide. For each additional service, write the service in the block and complete that questionnaire.

1. Please indicate whether the service that is provided to school-aged children and/or their families is delivered through local schools.

   ___ a. This service is provided primarily through local schools.

   ___ b. This service is provided through local schools more than half of the time.

   ___ c. This service is occasionally provided through local schools.

   ___ d. This service is not provided through local schools.

   IF SERVICE IS NOT PROVIDED THROUGH LOCAL SCHOOLS (RESPONSE D to QUESTION #1), GO TO QUESTION #7.

2. If this service is provided through local schools, please indicate how long it has been continuously provided.

   ___ a. Less than one year

   ___ b. One to three years

   ___ c. More than three years

3. If this service is provided through local schools, please indicate which of the following mechanisms facilitate this delivery. Please check as many as apply.

   ___ a. Direct service provision to the client population

   ___ b. Formal agreement with other governmental agencies

   ___ c. Formal agreement with nongovernmental agencies

   ___ d. Funding of local governmental agencies

   ___ e. Funding of local nongovernmental agencies

   ___ f. In-kind support of local governmental agencies

___ g. In-kind support of local nongovernmental agencies

___ h. Coordination of interagency service delivery

___ i. Provision of referrals

___ j. Other (please specify)_____

4. If this service is provided through local schools, please indicate how effective you think this service delivery is compared to other ways of providing this service.

___ a. More effective

___ b. Equally effective

___ c. Less effective

5A. If this service is provided through local schools, please indicate which of the following you think are obstacles to this means of service provision. Please check as many as apply.

___ a. Inadequate coordination and/or communication

___ b. Inadequate funds

___ c. Insufficient qualified personnel

___ d. Insufficient information or awareness on the part of the client population

___ e. Limited availability of/accessibility to service delivery programs

___ f. Insufficient agency expertise

___ g. State or federal regulations

___ h. Inadequate or unclear agency policy

___ i. Reluctance of children and/or families to seek services

___ j. Belief that the role of schools is education and not the provision of social services

___ k. Accounting procedures

___ l. Other (please specify)_____

5B. If you encounter obstacles in service provision through schools, what steps are you taking to overcome them? Please answer in the space provided below.

_____

_____

_____

6. To the extent that your program coordinates with other providers to deliver services through schools, please indicate, in general, which of the following arrangements enable this coordinated service provision. Please check as many as apply.

___ a. Legislative mandate

___ b. State level task forces or commissions

___ c. Formal agreements with other state agencies

___ d. Formal agreements with local governmental agencies

___ e. Formal agreements with local nongovernmental agencies

___ f. Formal referral network

___ g. Informal agreements with other state agencies

___ h. Informal agreements with local governmental agencies

___ i. Informal agreements with local nongovernmental agencies

___ j. Informal referral network

___ k. Other (please specify)_____

___ l. Do not coordinate with other providers

7A. In your opinion, what are the three most critical or important needs of school-aged children and/or their families today, and which do you think will be the most critical in five years and ten years from now?

TODAY

a. _____

b. _____

c. _____

FIVE YEARS FROM NOW

a. _____

b. _____

c. _____

TEN YEARS FROM NOW

a. _____

b. _____

c. _____

7B. In your opinion, what are the three most critical needs for programs providing coordinated services through schools?

a. _____

b. _____

c. _____

8. In general, which of the following do you see as important obstacles to providing critical or important services to at-risk school-aged children and/or their families through local schools **in the next five to ten years**? Please check as many as apply.

___ a. Inadequate coordination and/or communication

___ b. Inadequate funds

___ c. Insufficient qualified personnel

___ d. Insufficient information or awareness on the part of the client population

___ e. Limited availability of/accessibility to service delivery programs

___ f. Insufficient agency expertise

___ g. State or federal regulations

___ h. Inadequate or unclear agency policy

___ i. Reluctance of children and/or families to seek services

___ j. Belief that the role of schools is education and not provision of social services

___ k. Accounting procedures

___ l. Other (please specify)_____

9. Please identify by name any specific programs in your state (other than yours) that currently provide services to school-aged children and/or their families through local schools.

_____

_____

_____

Tell us about yourself:

1. Your title/position_____

2. Name of your program _____

3. Your agency (please check)

___ Education
___ Health
___ Human Services
___ Juvenile Justice
___ Other_____
(please specify)

Thank you for your help with this survey.
Please put all completed forms in the attached envelope and return to SEDL.

Additional Services Questionnaire

Service:

Please write the name of the additional service you checked on page 1 in the block above and complete this questionnaire.

1. Please indicate whether the service that is provided to school-aged children and/or their families is delivered through local schools.

   ___ a. This service is provided primarily through local schools.

   ___ b. This service is provided through local schools more than half of the time.

   ___ c. This service is occasionally provided through local schools.

   ___ d. This service is not provided through local schools.

   IF SERVICE IS NOT PROVIDED THROUGH LOCAL SCHOOLS (RESPONSE D TO QUESTION #1), YOU HAVE COMPLETED THIS QUESTIONNAIRE. Either complete another additional services questionnaire, or put all completed forms in the enclosed envelope and return to SEDL.

2. If this service is provided through local schools, please indicate how long it has been continuously provided.

   ___ a. Less than one year

   ___ b. One to three years

   ___ c. More than three years

3. If this service is provided through local schools, please indicate which of the following mechanisms facilitate this delivery. Please check as many as apply.

   ___ a. Direct service provision to the client population

   ___ b. Formal agreement with other governmental agencies

   ___ c. Formal agreement with nongovernmental agencies

   ___ d. Funding of local governmental agencies

   ___ e. Funding of local nongovernmental agencies

   ___ f. In-kind support of local governmental agencies

   ___ g. In-kind support of local nongovernmental agencies

   ___ h. Coordination of interagency service delivery

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   ___ i. Provision of referrals

   ___ j. Other (please specify)_____

4. If this service is provided through local schools, please indicate how effective you think this service delivery is compared to other ways of providing this service.

   ___ a. More effective

   ___ b. Equally effective

   ___ c. Less effective

5A. If this service is provided through local schools, please indicate which of the following you think are obstacles to this means of service provision. Please check as many as apply.

   ___ a. Inadequate coordination and/or communication

   ___ b. Inadequate funds

   ___ c. Insufficient qualified personnel

   ___ d. Insufficient information or awareness on the part of the client population

   ___ e. Limited availability of/accessibility to service delivery programs

   ___ f. Insufficient agency expertise

   ___ g. State or federal regulations

   ___ h. Inadequate or unclear agency policy

   ___ i. Reluctance of children and/or families to seek services

   ___ j. Belief that the role of schools is education and not the provision of social services

   ___ k. Accounting procedures

   ___ l. Other (please specify)_____

5B. If you encounter obstacles in service provision through schools, what steps are you taking to overcome them? Please answer in the space provided below.

Appendix B

Coordinated Programs and Services in Region

Arkansas

New Futures For Little Rock Youth
Cities in Schools
Centers for Youth and Family
Opportunity at the Western Arkansas Counseling and Guidance Center
Y.O.U.
Cornerstone
Programs offered by the Arkansas Office of Volunteerism
Arkansas Advocates for Children and Families
Early and Periodic Screening, Diagnosis and Treatment, a component of Medicaid for children under 21
Programs offered by the Department of Health
Child Health Services
JTPA

Louisiana

School-based clinics in Orleans Parish and East Baton Rouge Parish
Planned parenthood of Louisiana, New Orleans Chapter
Programs offered by the National Council of Negro Women
Treatment Centers
Programs offered by hospitals, law enforcement, universities, and some community religious groups
Mothers Against Drugs, Shreveport
Alternative Schools in some areas

New Mexico

New Futures School of Albuquerque
Carlsbad AWARE
GRADS projects at Las Vegas, Roberston, Cobre, Silver City, and Clovis
Santa Fe Alternative School
Children In Need of Supervision (CHINS) program
JTPA
Programs offered by the Health and Environment Department, Human Services Department, the Youth Authority, and the Council on Alcohol Abuse and Alcoholism
Youth Development Incorporated
PRIDE
Behavioral Health Services, Gallup
KDM Associates, Gallup
Programs offered by the Lions Club
Project Crossroads

Silver Schools Family Life Education
Teens + Parents = Prevention
Family Education Outreach
Community Media Campaign/New Attitudes

Oklahoma

Program in Lawton that originated with Robert Wood Johnson Grant
OU Health Service Program in Oklahoma City
Alternative School
Margaret Hudson Program, Tulsa
Even Start
Eastern Oklahoma Educational Opportunity Program
Job Corps
Programs offered by the American Milk Producers, Inc., American Cancer Society, American Heart Association, Oklahoma Wheat Commission, Oklahoma Beef Commission
Youth Services
Project Worth Cushing/Drumright
Pale (or Will) Rogers Training Center
Services offered by the Department of Mental Health, the Southwest Regional Center for Drug-Free Schools, and the Oklahoma Alliance Against Drugs.

Texas

Services offered by the Texas Commission on Alcohol and Drug Abuse, Texas Rehabilitation Commission, and the Texas Juvenile Probation Commission
Services offered by the Dallas County Mental Health Mental Rehabilitation (MHMR)
VISTA, Arlington
JTPA
Communities-in-Schools
Services offered by city and county health services, regional deaf and blind services and local law enforcement